



Your voice counts

Experiences of trans and
non-binary people using
GP services in Sheffield

healthwatch
Sheffield

**March
2026**

Introduction

Background

At the end of 2024 we ran a survey to hear from trans and non-binary people in Sheffield about their experiences accessing GP services. We were commissioned to do this work by Healthwatch England, who analysed the results of their national survey alongside the findings of 10 local Healthwatch (including Healthwatch Sheffield) who took part in the project. They shared a report¹ in summer 2025.

We wanted to look at Sheffield data separately, to understand the local picture and share more specific learning with local services.

Our survey was shared widely through our regular communications channels and via our local networks. We also commissioned local charity SAYIT² to help us hear from some of the trans and non-binary people they work with. They made time in their regular meetings and events and supported people to fill in the survey, and shared it with their online networks.

Why did we focus on this topic?

Evidence³ suggests that trans and non-binary people often face poorer health outcomes compared to the general population. We have also heard concerns directly from trans and non-binary people in Sheffield about their interactions with the NHS.

GPs are the first point of contact with the NHS for most people experiencing a physical or mental health issue. They are also the entry point for gender-affirming care, including prescriptions and referrals to specialist clinics.

As such, we focused on people's interactions with GPs for this research. We wanted to understand more about their experiences of NHS administrative systems, accessing gender-affirming care from their GP, and accessing general healthcare from their GP.

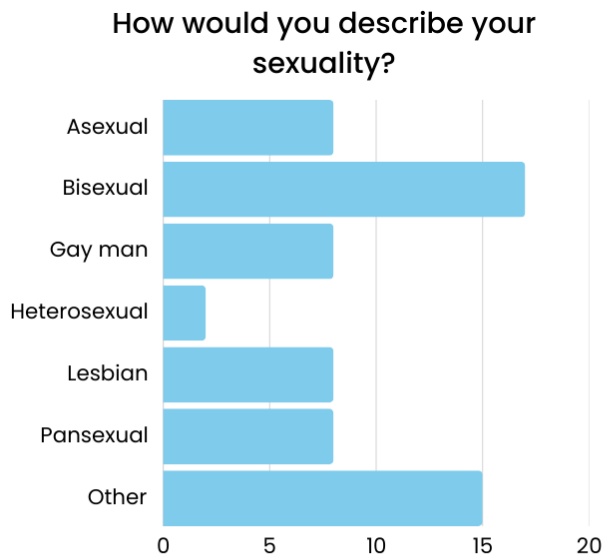
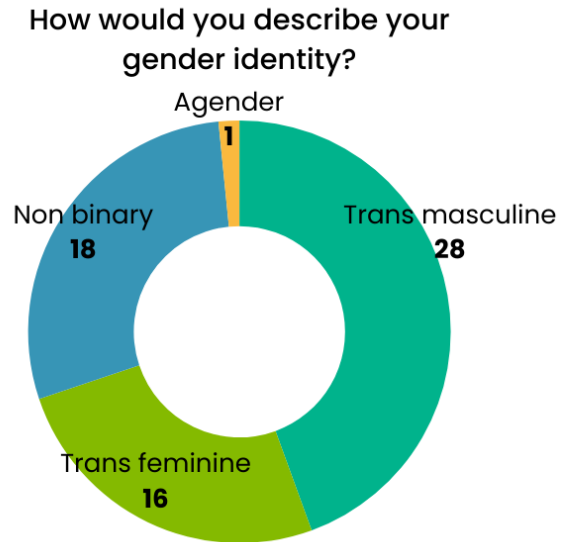
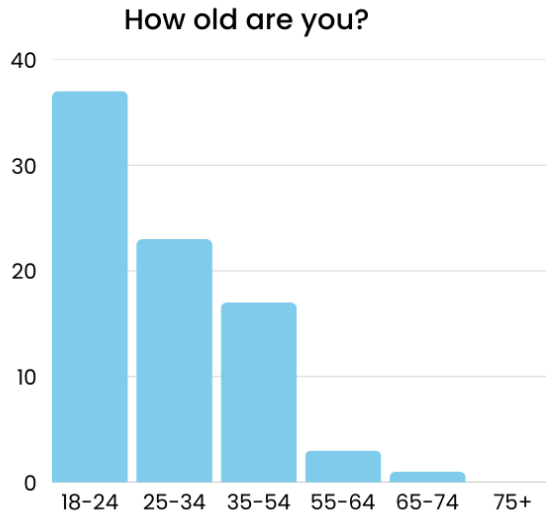
¹ <https://www.healthwatch.co.uk/report/2025-07-25/what-trans-and-non-binary-people-told-us-about-gp-care>

² <http://sayit.org.uk/>

³ <https://lgbt.foundation/help/hidden-figures-lgbt-health-inequalities-in-the-uk/>

Who we spoke to

81 people completed our survey.



Among people who selected 'other', the most common self-description was queer, but we also heard about demiromantic and demisexual identities and more

What is your ethnicity?	Number of people
White British	55
Other White backgrounds	8
Asian/Asian British	4
Mixed/multiple ethnic groups	6

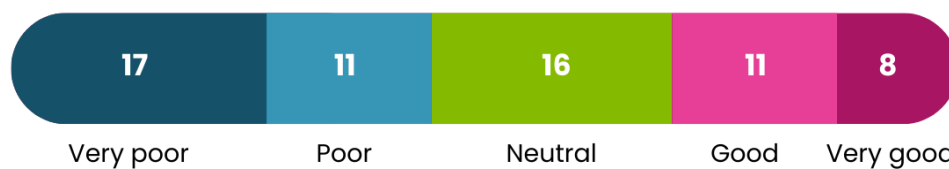
Findings

Experiences of gender-affirming care

63 of the people we heard from told us about seeking gender-affirming care from their GP.

Gender-affirming care includes: contraception, signposting, referrals to gender identity clinics, prescribing hormone replacement therapy medication (HRT) under a shared-care agreement, gender-affirming primary care such as contraception, access to mental health support, nutritionist, support with identity documents, fertility treatment and preservation.

How would you rate your GP for the gender-affirming care you have sought?



Some people reported a positive experience at their GP. Word of mouth and good reviews were important to people, with some telling us they'd registered at specific GP practices because they'd heard about more inclusive attitudes there:

"I was treated considerately and without any sense of being judged or prejudice, overt or covert being directed at me"

"My GP has been so lovely, sending off referrals as soon as she can and confirming things are moving forwards, asking me questions when she doesn't fully understand instead of assuming"

Some GPs hadn't been very aware of gender-affirming care, but after gaining more understanding they worked well with patients to navigate treatment options. It was common for people to report having to do quite a lot of work themselves – including finding an inclusive GP, and educating practice staff on terminology and treatment pathways:

"GP struggles with understanding gender-affirming care and I have had to teach them each step as I went. Once they got over the understanding and lack of awareness barrier, they have now got the routine down and are better at providing care"

"I feel like even when the staff I speak to aren't discriminatory I often have to educate them on aspects of trans life and healthcare. Several clinicians have no

understanding about how long the wait times are to access gender affirming care through the NHS”

Where staff at GP practices have been dismissive of gender-affirming care, or of trans and non-binary people’s identities more widely, this has had a significant impact on patients:

“My GP seems not to support my transition and has actually caused a degradation in my health and wellbeing. If it wasn't due to [seeking private treatment] I would not be alive now”

“They refused care outright, cancelled a blood test they had previously agreed to and sent me a 3 page letter explaining how they felt transgender health care was 'experimental' and potentially harmful”

Shared care agreements

Lots of people’s negative experiences of gender-affirming care centred around shared care agreements. A shared care agreement is an arrangement between a specialist service (in this case, often a GIC – Gender Identity Clinic), and a primary care prescriber (in this case a GP), to provide specialist medication and treatment to a patient via primary care. Shared care agreements are optional, and many people told us their GP practice doesn’t offer this:

“I'm [a] post op transwoman my hormones have been stable for 2 years and my GP won't take over my care from my shared care provider”

“[My GP] denied this request, stating that the practice ‘does not opt in to the optional contract to work with the Gender Identity Clinic (GIC)’”

“My GP refused to do a shared care agreement [...] a big part of why I now do DIY”

Some had more positive experiences of shared care, but faced other issues while waiting for this. Many described a reluctance or refusal by GPs to prescribe bridging hormones. A bridging prescription is a temporary hormone prescription issued by a GP while the patient waits for their specialist treatment at a GIC – before the shared care agreement can be put in place.

In November 2025, Sheffield’s Gender Identity Clinic⁴ reported that their average wait time is 280 weeks (just over 5 years); they were currently booking assessments for people who were referred in October 2020. Without bridging hormones, people are going without treatment for a long time. This is another barrier that can lead to people doing “DIY” like the survey respondent above – this

⁴ <https://www.sheffieldpartnership.nhs.uk/services/gender-identity-clinic/waiting-times>

means sourcing your own hormone treatments online, which isn't regulated or monitored, and therefore not necessarily safe.

Referrals

Some people experienced problems getting the right referral from their GP, or having the referral completed properly:

"Was referred to the sex and relationships waitlist rather than the gender clinic despite explicitly asking to be referred to gender clinic, and when I contacted my clinic to find out how long I might have left to wait (two years later), they told me that my GP failed to contact them back regarding blood work which they never attempted contacting me for. Due to this failure in communication with the GIC I was discharged from the service without knowing, causing a lot of stress and mental anguish."

Other concerns related generally to the long waiting times for the GIC:

"Long waiting times for GIC referrals. Got referred to GIC Sheffield and I've been waiting since I was fourteen. I'm 21 now"

Experiences of general GP care

79 people told us about their experiences of general care at their GP – attending for general health issues or conditions.

How would you rate your GP for other types of care you have sought?



People were generally much more positive about general care from their GP than they were about gender-affirming care.

Many people were largely satisfied with the care they receive, though we heard many of the same concerns that we hear through our work with the general public – difficulties getting through on the phone and long waits for appointments, as well as barriers with referrals to other services.

Subsequent questions about treatment at people's GP practice did raise some areas for improvement for trans and non-binary people in particular.

Confidence in using GP services as a trans and/or non-binary person

There was generally a lack of confidence about people using their GP for healthcare needs as a trans or non-binary person. Only 10% said they felt extremely confident. One third of people (33.8%) said they did not feel at all confident.

We don't know how this compares to cisgender people – we hear through our wider work that many people feel unsatisfied with their GP practice.

The impact can be significant, though, with people potentially missing out on necessary doctors visits because of how they will be treated:

“I avoid going to my GP at all costs because of terrible experiences”

Being treated with respect by practice staff

We asked people how they felt about the way that different members of staff at their GP practice treated them, asking how strongly they agreed with the phrase "I felt that the NHS staff at my GP surgery treated me with respect as a trans and/or non-binary person".

People felt most positively about the way they were treated by practice nurses (61% of people agreed or strongly agreed they were treated with respect). This was followed by GPs (with 52% agreeing or strongly agreeing they were treated with respect).

Non-clinical staff were viewed less favourably – only 42% agreed or strongly agreed that reception staff treated them with respect.

The impact of neurodivergence

Evidence shows a high correlation⁵ between adults who identify as gender-diverse and who are diagnosed as neurodivergent (for example those who are autistic, dyslexic, or have ADHD). These intersecting identities have been linked to poorer health outcomes⁶.

59% of survey respondents told us they identified as neurodivergent.

⁵ <https://www.cam.ac.uk/research/news/transgender-and-gender-diverse-individuals-are-more-likely-to-be-autistic-and-report-higher-autistic>

⁶ <https://link.springer.com/article/10.1186/s13229-024-00634-0>

Neurodivergent trans and non-binary people in Sheffield described very similar levels of poor gender-affirming care from their GP. However neurodivergent people described significantly poorer experiences of general care.

	People who are neurodivergent	People who are not neurodivergent
Poor or very poor experience of gender-affirming care	44%	46%
Poor or very poor experience of other types of care	30%	9%

Some people saw these issues as intrinsically linked:

“Improving GP access for neurodivergent people would benefit the vast majority of trans people”

Experiences of updating NHS GP records

Changing your first name at your GP practice

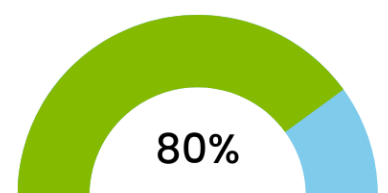
A little over half (56%) of people told us they **had** changed their first name with their GP practice.

We asked these people whether different members of staff at the practice (including GPs, practice nurses, and reception staff) used their preferred name when they spoke to them. Most (80%) told us this “always” happened.

However some people (10%) told us they “never” get called by their preferred name despite having changed it. There was no significant difference between staff role and whether they were likely to use the correct name for a patient.

Of those who **hadn’t** changed their first name at their GP practice, around half said this was because they hadn’t changed their name at all and didn’t intend to – not every trans or non-binary person changes their name.

Others told us they didn’t know how to change their name, or didn’t feel comfortable doing so.



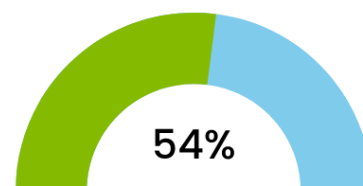
Staff at my GP practice “always” use the first name I’ve asked them to use

Telling your GP practice your preferred pronouns

Nearly two thirds (65%) of people had told their GP practice what their preferred pronouns were.

Those who **haven't** mostly told us they were not comfortable doing so or did not know how to do this. A smaller number said they haven't felt the need as staff tend to assume the correct pronouns for them anyway.

For those who **have** let their GP practice know what pronouns to use for them, we heard mixed experiences about whether staff regularly use the correct terms. Only 54% said this "always" happened, and 10% said it "never" does.



Staff at my GP practice "always" use the pronouns I've asked them to use

There were significant differences among who was likely to be called the correct pronouns:

	Staff 'always' or 'often' use the correct pronouns for me
Trans masculine people (including for example identities like man, trans man, trans masc, FtM)	86%
Trans feminine people (including for example identities like woman, trans woman, transfemme, MtF)	63%
Non-binary people	42%

Being repeatedly misgendered or deadnamed by staff has a significant impact on people's mental health, as well as impacting the trust they have in a service they are seeking treatment and support from:

"Prior to passing and being well established on hormones I would face repeated deadnaming and misgendering in addition to general ignorance and refusal to treat me and send me to another staff member who 'deals with those kind of things'"

"The emotional toll of this experience is immense, as it not only affects my mental health but also hinders my ability to live authentically and comfortably in my own skin. I am currently absent from work due to experiencing severe low mood as a result"

Changing your NHS gender marker

A gender marker is an indicator on a patient's primary care record listing them as male or female. It plays a part in how NHS systems interact with a patient, for instance automatically sending invites for particular screenings.

Only 26% of the people we spoke to told us they had successfully changed their gender marker on their NHS record.

An additional 16% of people had thought about changing their gender marker but had not yet done it, and 12% had tried but had been unsuccessful.

Other people had not thought about changing their gender marker at all. Some said they didn't know this was an option, or incorrectly thought they would have to meet specific criteria like getting a Gender Recognition Certificate or undergoing particular surgeries:

"I didn't know I could. I thought I would have to have bottom surgery. I don't know how to ask and was afraid it would be an awkward uncomfortable conversation regarding genitalia"

A significant number of the people we spoke to (nearly one third - 31%) told us that they hadn't changed their gender marker because they were non-binary, gender-fluid, gender-non-conforming or otherwise didn't identify with the binary choices of 'Male' and 'Female', which is all that is currently available to choose from. This system is limiting for non-binary people, and many expressed a wish to have an option that felt more correct for them:

"I am non-binary and there is no option to change my gender marker to align with this. I also feel that I would impact my care due to lack of knowledge and education around non-binary identities in primary care."

"I am non-binary so not much point. Man is just as bad as woman."

Titles (such as Mr, Miss, Mrs etc) are also linked to gender markers, so this has caused problems for people who don't identify with the choices available to them. Some people felt titles were used more than necessary in various admin processes, which doesn't help:

"In between changing my name on the NHS system and being able to change my gender marker, I wasn't able to have the correct title/no title on my record and so could only choose between Miss, Ms, or Mx, all of which made me quite dysphoric, especially as my full name and title were called out every time I went for an appointment."

What happens when you change your gender marker?

Of those who had successfully changed their gender marker at their GP, 39% said they experienced no change in their healthcare access and experience.

For the people who did experience a change, some of them faced multiple different issues. A significant number of the people who experienced a change said they lost access to their NHS record completely (44%). Losing your old NHS record can have significant impacts on continuity of care, especially for those with long-term health conditions.

Over a third of people (39%) who had changed their gender marker also said they stopped automatically being offered sex-based healthcare such as cervical screenings, which they might still need. Not everyone had reached an age where they would be invited to screenings like this, so they did not know whether changing their gender marker had affected it.

Other issues included disrupted prescriptions as a result (11%), and being misgendered in written NHS communications (11%).

Next steps

It's important that when people share their experiences, they are heard by the people who can improve services.

As the survey focused on GP practices, we will share these findings with primary care services locally – via the South Yorkshire Integrated Care Board and Primary Care Sheffield. However, much of the learning here is relevant for all health and social care services. Trans and non-binary people will interact with staff and administrative systems across the whole sector, and key findings about respect, education, and reducing barriers will therefore be more widely relevant. We will continue to raise these issues in meetings and committees at decision-making levels across the city and wider region.

We will also be sharing this briefing with some of the people who contributed to the findings, making sure it reflects the key issues in GP services and NHS administrative systems.

If you would like to share your own experiences of care, or ways you think services can be improved, you can get in touch with us:

Online: www.healthwatchsheffield.co.uk

Phone: 0114 253 6688

Email: info@healthwatchsheffield.co.uk

Text: 0741 524 9657

Glossary of terminology

Asexual

Someone who does not experience sexual attraction or an intrinsic desire to have sexual relationships. Some asexual people use “ace” as an abbreviation of the term.

Cisgender / cis

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Deadname

To call someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Demiromantic / demisexual

Someone who only experiences either romantic attraction or sexual attraction/desire after developing an emotional connection.

Dysphoria / dysphoric

Gender dysphoria describes when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity.

This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth, although medics are moving away from using this diagnosis.

Gender Recognition Certificate (GRC)

A certificate issued under the Gender Recognition Act 2004 which enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you currently have to be over 18 to apply for one in the UK. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport.

Misgender

The intentional or unintentional use of words or names that misalign with a person's gender. For example, referring to a woman using the pronoun 'he'.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely. Some non-binary people consider themselves to be trans, while others do not.

Pansexual / pan

Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

(Preferred) pronouns

Words we use to refer to people's gender in conversation – for example, 'he' or 'she'. Pronouns are used to avoid having to repeatedly use someone's name.

Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Trans / transgender

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

The above definitions come from the Transactual online glossary⁷.

⁷ <https://transactual.org.uk/glossary/>